Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly in Ink

No Filing Fee

1. Corporate ID, Name and Address:

FILE DATE
RECEIPT NO
Telephone #
FAX #
FILING DATE: To be filed with the Annual Report.

	Telephone # _				e#		
	FAX #						
		FILING DATE: Annual Report				: To be filed with the t.	
2. The name of the So	uth Dakota Registered Agent						
Street Address (Required	City		Sta	te ZIF	P+4		
Mailing Address (Optional – Required to be a South Dakota Address)		City	State			ZIP+4	
	s since the last report of the acreage a state owned or leased by the corporat		ection, town	ship and o	county of eac	ch lot or	
County	Section	Township			,	Acres	
County	Section	Tow	,	Acres			
County	Section	Township				Acres	
4. Please complete the	appropriate section:						
Family Farm Corporation	The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.						
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.				,	%	
	shareholder name, address, number c						
Name	Address	City	State	Zip	Shares	Kindred	
Name	Address	City	State	Zip	Shares	Kindred	
Name	Address	City	State	Zip	Shares	Kindred	
Dated		(Signature of an	authorized office	cer)			
		(Printed Name)					
		(Title)					